KENTUCKY
Cabinet for Health and Family Services

State Innovation Model
DESIGN

HIT Workgroup

June 18, 2015

Agenda

- CHFS Goals & Vision for HIT
- QHI Initiative
- The Role of the HIE
- KY Policy Levers to Support HIT


WHY?
WHO?
WHAT?
HOW?
WHERE?
WHEN?
QUESTIONS
ANSWERS

What Is Our Objective

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National Quality Strategy

Triple Aim

How Are We Doing?

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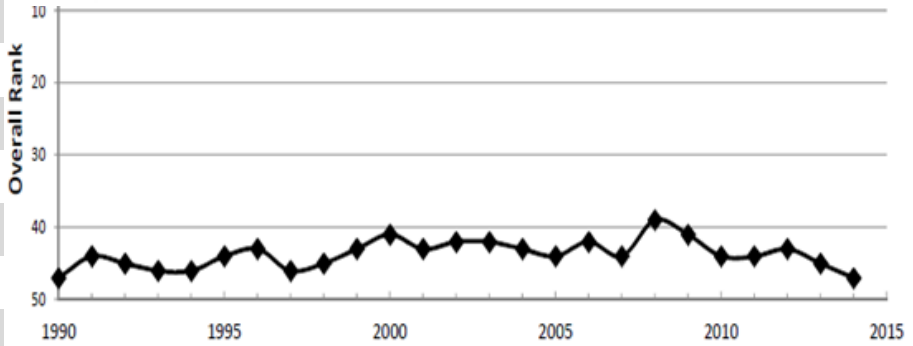
	KENTUCKY RANK
POOR MENTAL HEALTH DAYS	50
CANCER DEATHS	50
PREVENTABLE HOSPITALIZATIONS	50
CHILDREN IN POVERTY	50
SMOKING	49
DRUG DEATHS	48
POOR PHYSICAL HEALTH DAYS	47
OBESITY IN ADULTS	46
UNDEREMPLOYMENT RATE	45
PREMATURE DEATH/100,000	44
CARDIOVASCULAR DEATHS/100,000	43
PHYSICAL INACTIVITY	42
LOW BIRTHWEIGHT	38
DIABETES IN ADULTS	33
LACK OF HEALTH INSURANCE	28
HIGH SCHOOL GRADUATION	22



America's Health Rankings 2014

SIM Program Overview

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The Centers for Medicare & Medicaid Services (CMS) State Innovation Model (SIM) initiative is focused on testing the ability of state governments to use regulatory and policy levers to *accelerate health transformation*.

- CMS is providing financial and technical support to states for developing and testing state-led, multi-payer health care payment and service delivery models that will impact all residents of the participating states
- The overall goals of the SIM initiative:
  - *Establish public and private collaboration with multi-payer and multi-stakeholder engagement*
  - *Improve population health*
  - *Transform health care payment and delivery systems*
  - *Decrease total per capita health care*

Current System	Future System
• Uncoordinated, fragmented delivery systems with highly variable quality • Unsupportive of patients and physicians • Unsustainable costs rising at twice the inflation rate	• Affordable • Accessible to care and to information • Seamless and coordinated • High-quality – timely, equitable, and safe • Person- and family-centered • Supportive of clinicians in serving their patient's needs

Source: CMS SIM Round Two Funding Opportunity Announcement Webinar

Improve health system performance → **Increase quality of care** → **Decrease costs**

CMS' Triple Aim Strategy

Stakeholder Engagement & Process for Development of SHSIP

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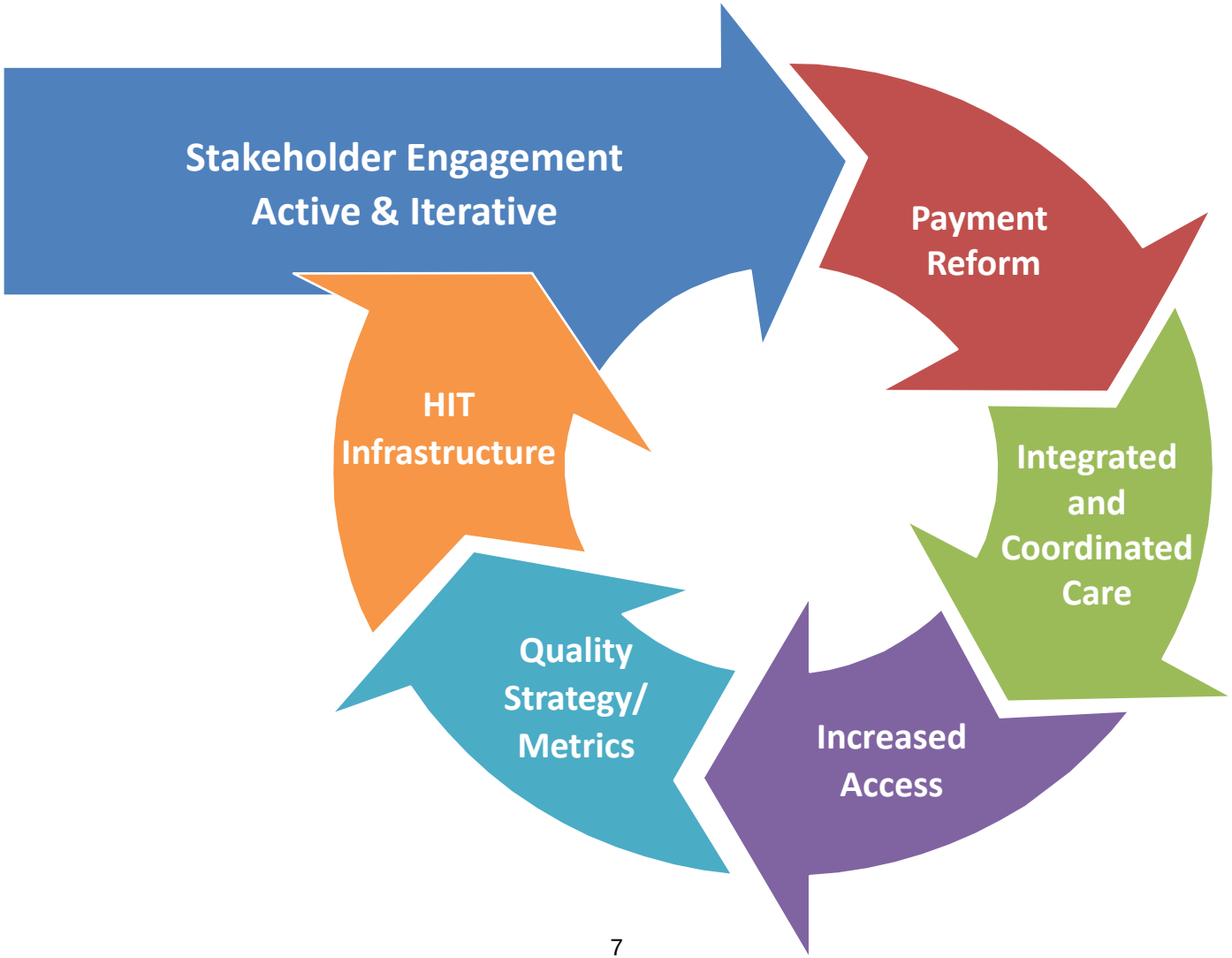
Model Design process has included a robust, iterative process with internal and external stakeholders to craft the components of the Model Design.



At a Glance: KY's Health Care Delivery System Transformation Plan

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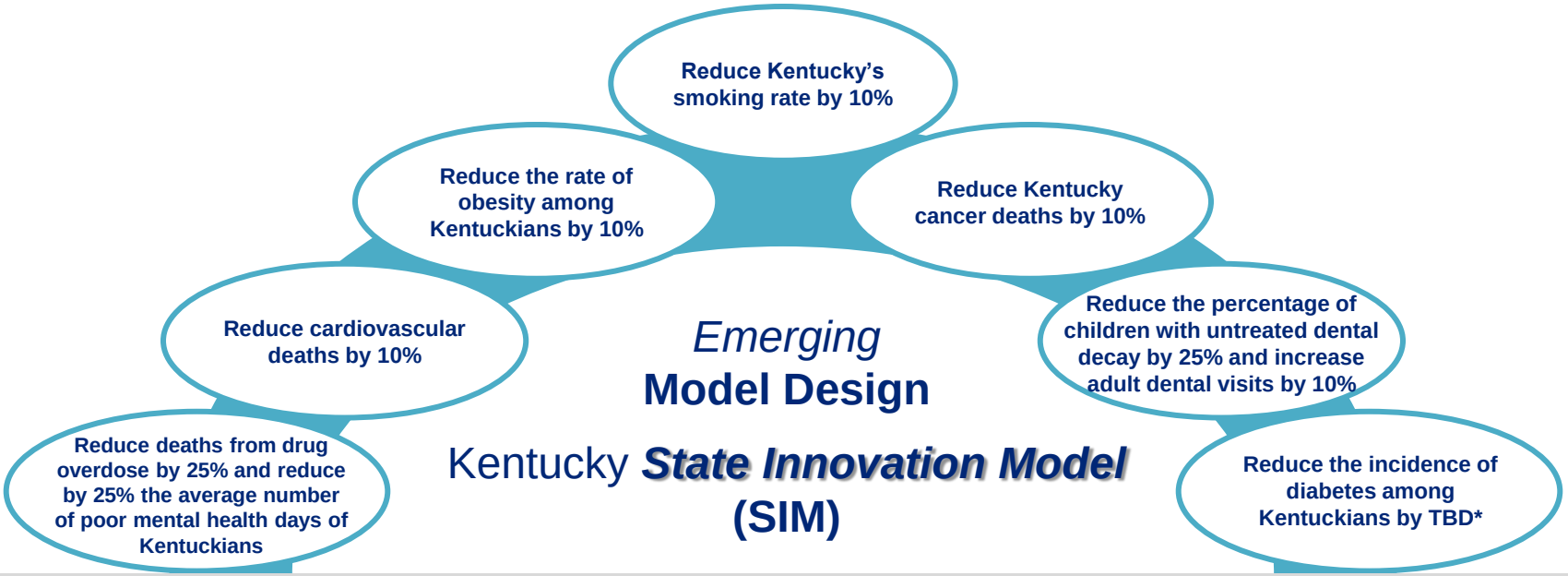

Potential Reform Initiatives (based on workgroup input and guiding principles to date)

Expanded Patient Centered Medical Homes (PCMH)	**Expanded Accountable Care Organizations (ACO)**	**Expanded Health Homes**	**Expanded Bundled Payment Initiatives/Episodes of Care**

A Multi-payer Community Innovation Support Center

A program for providers and communities to develop new delivery model & payment reform pilots with multi-payer support

Increased Access Strategies	**Quality Strategies**
HIT Strategies	**Other Supporting Strategies**

**The current goals included with kyhealthnow and therefore the PHIP do not contain a specified reduction goal for diabetes. Over the course of the Model Design process, CHFS will work alongside key stakeholders to develop this target for inclusion in the final PHIP.*

Governor's Health Initiative

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kyhealthnow

advancing our state of wellness

Governor's Health Initiative

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- Reduce Kentucky's rate of uninsured individuals to less than 5% →
- Reduce Kentucky's smoking rate by 10%. →
- Reduce the rate of obesity among Kentuckians by 10%. →
- Reduce Kentucky cancer deaths by 10%. →
- Reduce cardiovascular deaths by 10%. →
- Reduce the percentage of children with untreated dental decay by 25% and increase adult dental visits by 10%. →
- Reduce deaths from drug overdose by 25% and reduce by 25% the average number of poor mental health days of Kentuckians. →

Understanding Our Whole Population

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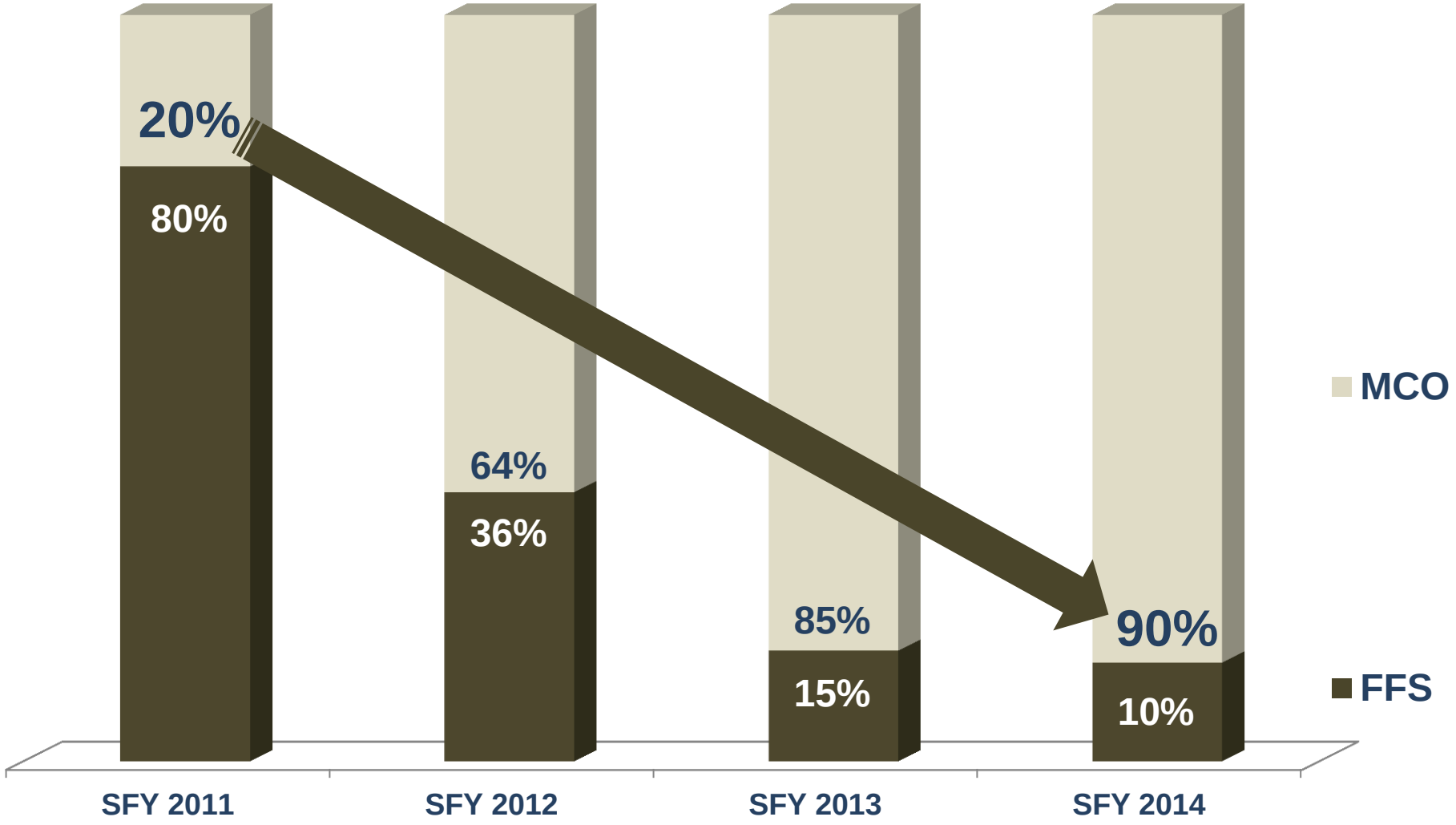
kyhealthnow
advancing our state of wellness

Goals

Goals	Program Indicator	Baseline Metric	Metrics & Source: CHFS "Internal" Data Sources													Metrics & Source: "External" Data Sources						
			DPH: BRFSS	KHBE	DMS: HEDIS	DPH: Cancer Registry	DMS: DSS	DMS: Program Integrity	DBHDID	DPH: Women's Cancer Screening Program	Immunization Registry	DPH: Vital Records	KHIE	OHP	DCBS: TWIST	DPH: Immunization Registry	DOI	State Employee Health Plan	Medicare	HRSA	Kentucky Student Information System	UDS: BPHC	Commercial: HEDIS
Reduce Kentucky's rate of uninsured individuals to less than 5%		14.90%		X																			
Enroll at least 350,000 individuals in Medicaid and/or Health Benefit Exchange plans by the end of 2015		300290 (03/13/2014)		X																			
Increase the number of kynectors and insurance agents participating in kynect by 10% by the end of 2015		In-Progress		X																			
Continue to develop and execute kynect advertising and marketing campaigns, including continued collaboration with stakeholders to reach and enroll the uninsured		In-Progress		X																			
Allow for rate quotes and a browse feature for health insurance plans offered through kynect for small employers and agents		In-Progress		X																			
Increase collaboration between state agencies to identify uninsured individuals who may be enrolled in other state programs		In-Progress		X																			
Increase access to kynect for individuals who speak languages other than English and Spanish		In-Progress		X																			
Increase application web functionality for employers and insurance agents		In-Progress		X																			
Increase outreach efforts to small employers by working with business associations		In-Progress		X																			
Reduce Kentucky's smoking rate by 10%		28.3% Adults 18+ 17.9% Grades 9-12 *24.4% Pregnant*	X																				
Continue to support comprehensive statewide smoke-free legislation		65% Kentuckians Support Smoke-Free Legislation 426 Orgs signed smoke free Kentucky resolution																					
Encourage Kentucky's cities and counties to continue to implement smoke-free policies		34.2% of Kentuckians (22 municipalities) covered by smoke free ordinance																					
Expand tobacco-free policies to more executive branch property		0 executive agency properties have a tobacco free policy; no known smoke-free campuses																					
Support increases in taxes on cigarettes and other tobacco products, and tax e-cigarettes commensurate with other tobacco products		Cigarettes $0.60 per pack Snuff $0.19 per 1.5 oz. Chewing tobacco $0.19 per unit OTP 15% E-Cigs - 6% or 0%																					
Partner with school districts and universities to implement tobacco free campuses		32 districts with 100% tobacco free schools																					

Move to Managed Care



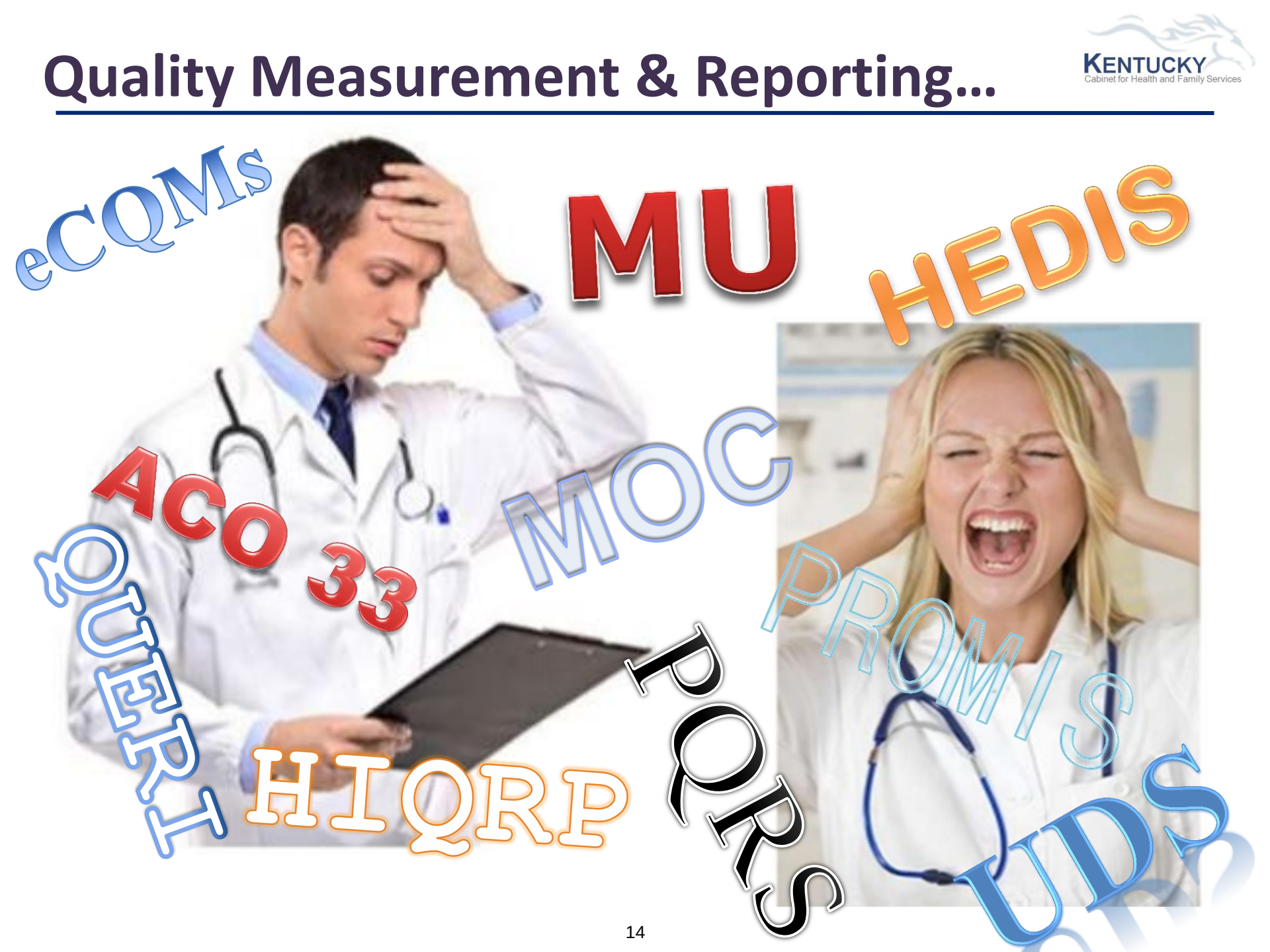
12

2012 MCO Audit Summary

11 HEDIS Measures

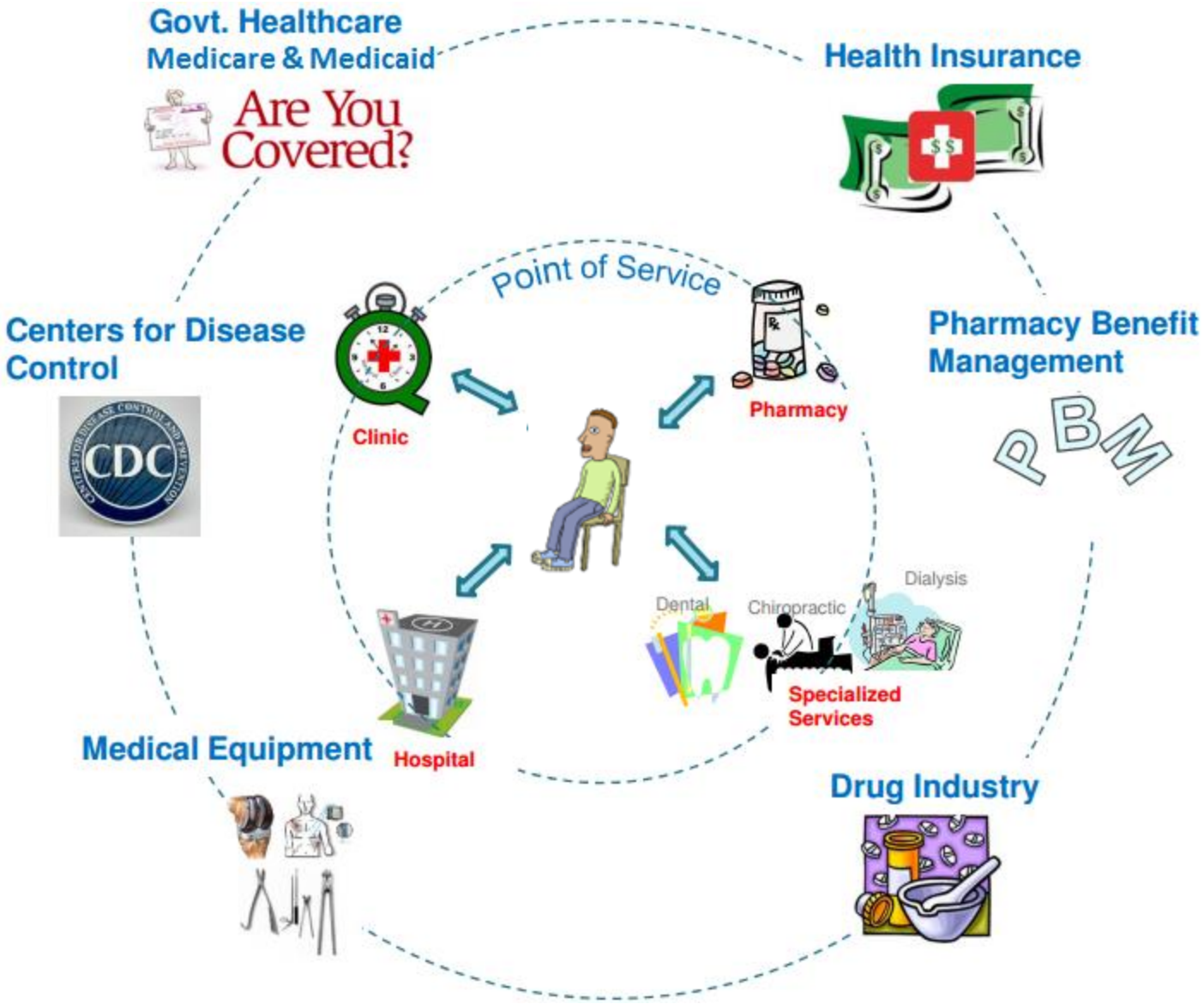
	Measure/Data Element
1	*Effectiveness of Care: Prevention and Screening*
2	*Effectiveness of Care: Respiratory Conditions*
3	*Effectiveness of Care: Cardiovascular*
4	*Effectiveness of Care: Diabetes*
5	*Effectiveness of Care: Musculoskeletal*
6	*Effectiveness of Care: Behavioral Health*
7	*Effectiveness of Care: Medication Management*
8	*Access/Availability of Care*
9	*Utilization*
10	*Relative Resource Use*
11	*Health Plan Descriptive Information*

Quality Measurement & Reporting…



Many Areas of Current Focus

The Healthcare Ecosystem



How Do We get Holistic 360^{o} View?

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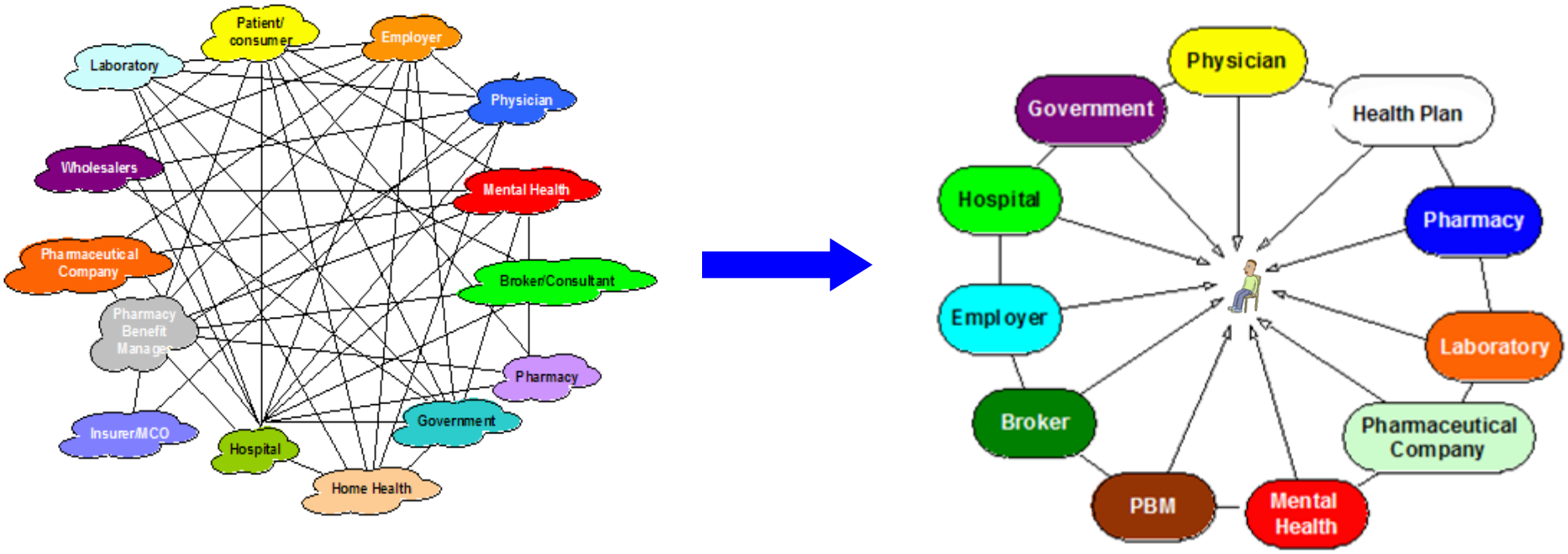

Value Basics

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Don't Make Assumptions ⇨ *Validate with Data*

Move From Proprietary Silo's ⇨ *Transparent Coordination*

"Move the Meter" (Take Action) ⇨ ***Measure Results***

HOW?

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Its About The DATA

Identifying Disparate Data Sources

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Administrative Data Sets

-Medical Claims

-Prescription Pharmacy Claims

-Behavioral Health Claims

-Vision/Dental Claims

-Eligibility Data

-Provider Data

Other Clinically-Oriented Data Sets

-Electronic Medical Record (EMR)

-ADT, CCD, Pathology, Other Laboratory, etc.

-Registry; Chronic Disease, Immunizations, etc.

-Self-report Data (HRA, PHQ-9, SF-8, etc.)

-Information/Data Collected with:

Case Management, Disease Management,

Medication Therapy Management, EAP, etc.

Kentucky UNBRIDLED SPIRIT

Kentucky CHFS' Vision:

Be Data Driven AND Achieve Real Measurable Outcomes

QHI

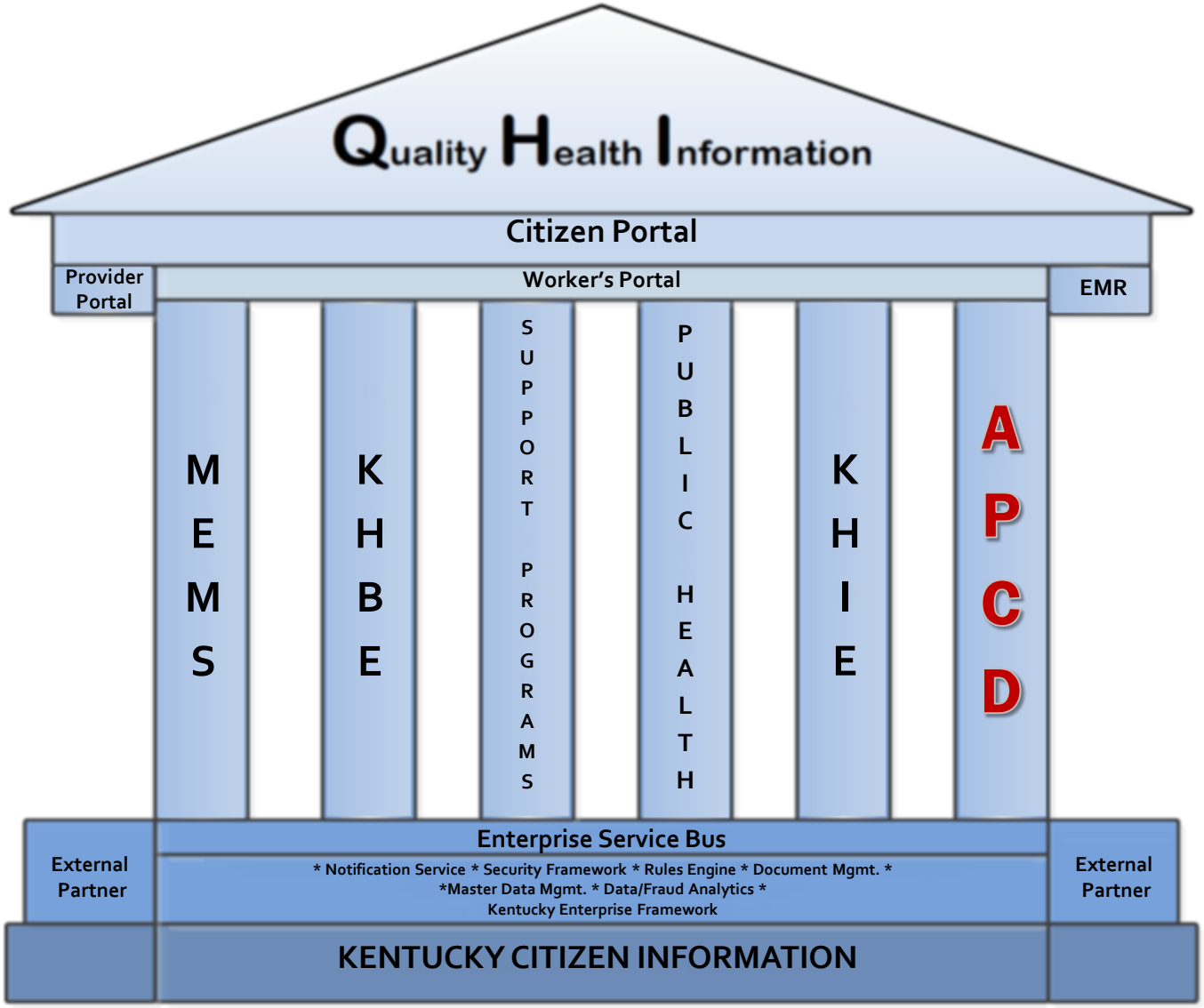
The QHI will Enable the Connection of Disparate Data Sources…

To Seamlessly and Accurately Provide Patients, Providers, Program Administrators, and Other Key Stakeholder, Decision Support Information…

Needed to Improve Quality and Value

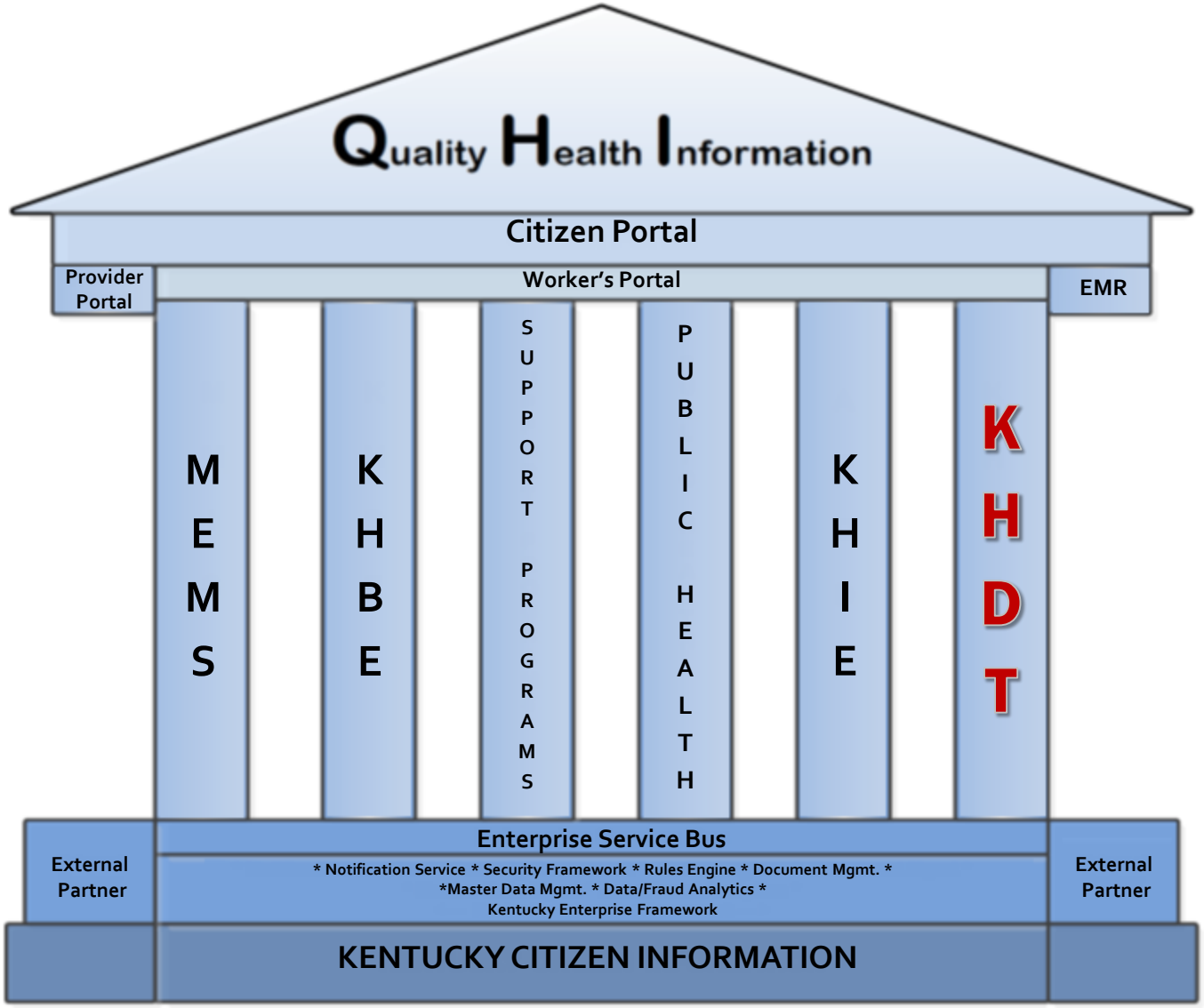
Kentucky CHFS' Vision:

Be Data Driven AND Achieve Real Measurable Outcomes



Kentucky CHFS' Vision:

Be Data Driven AND Achieve Real Measurable Outcomes



KENTUCKY HEALTH DATA TRUST

WHY

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INFORMATION

is our LIFEBLOOD

What do you do when you have something valuable?

?Retain it ?Protect it

?Use it

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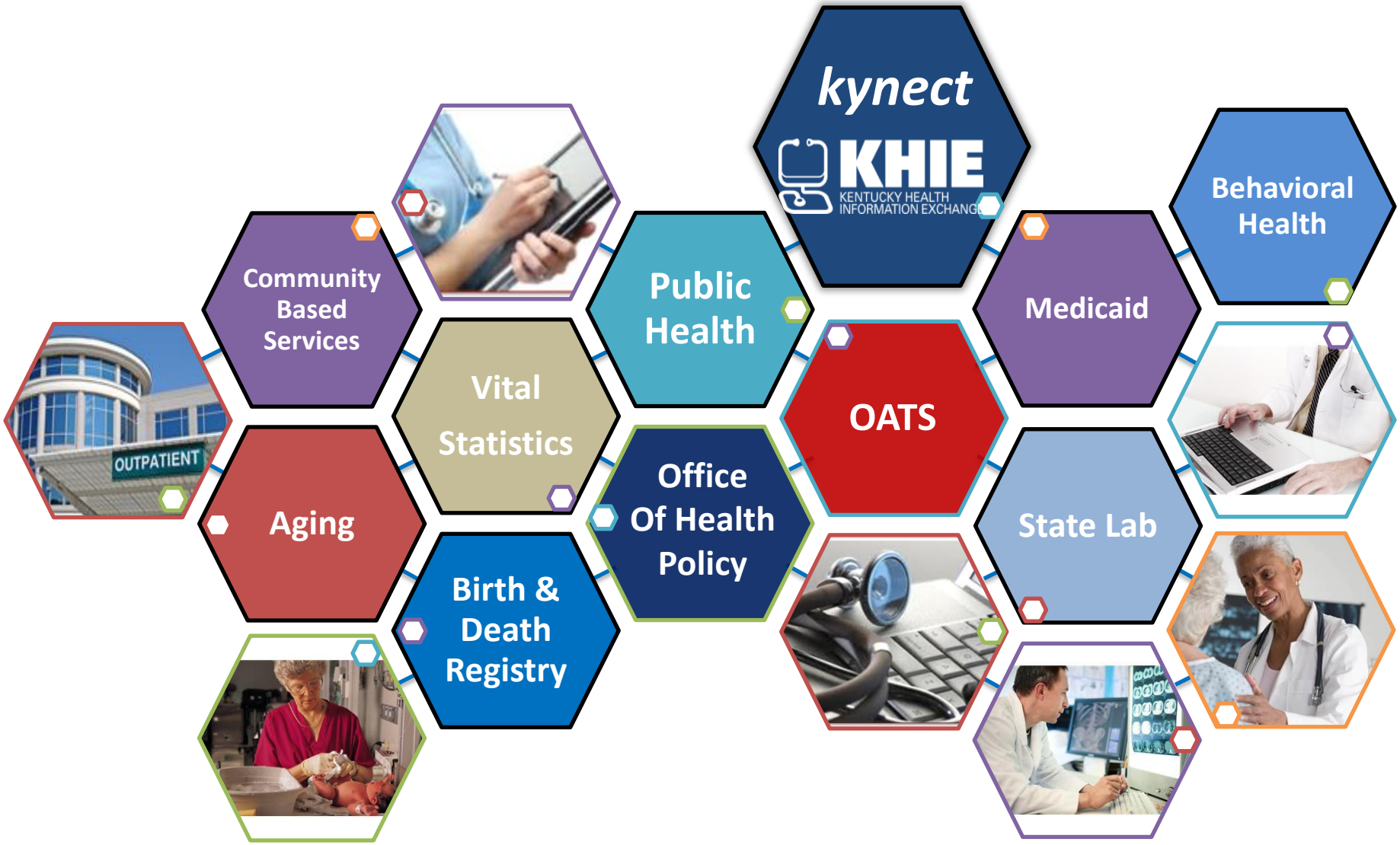
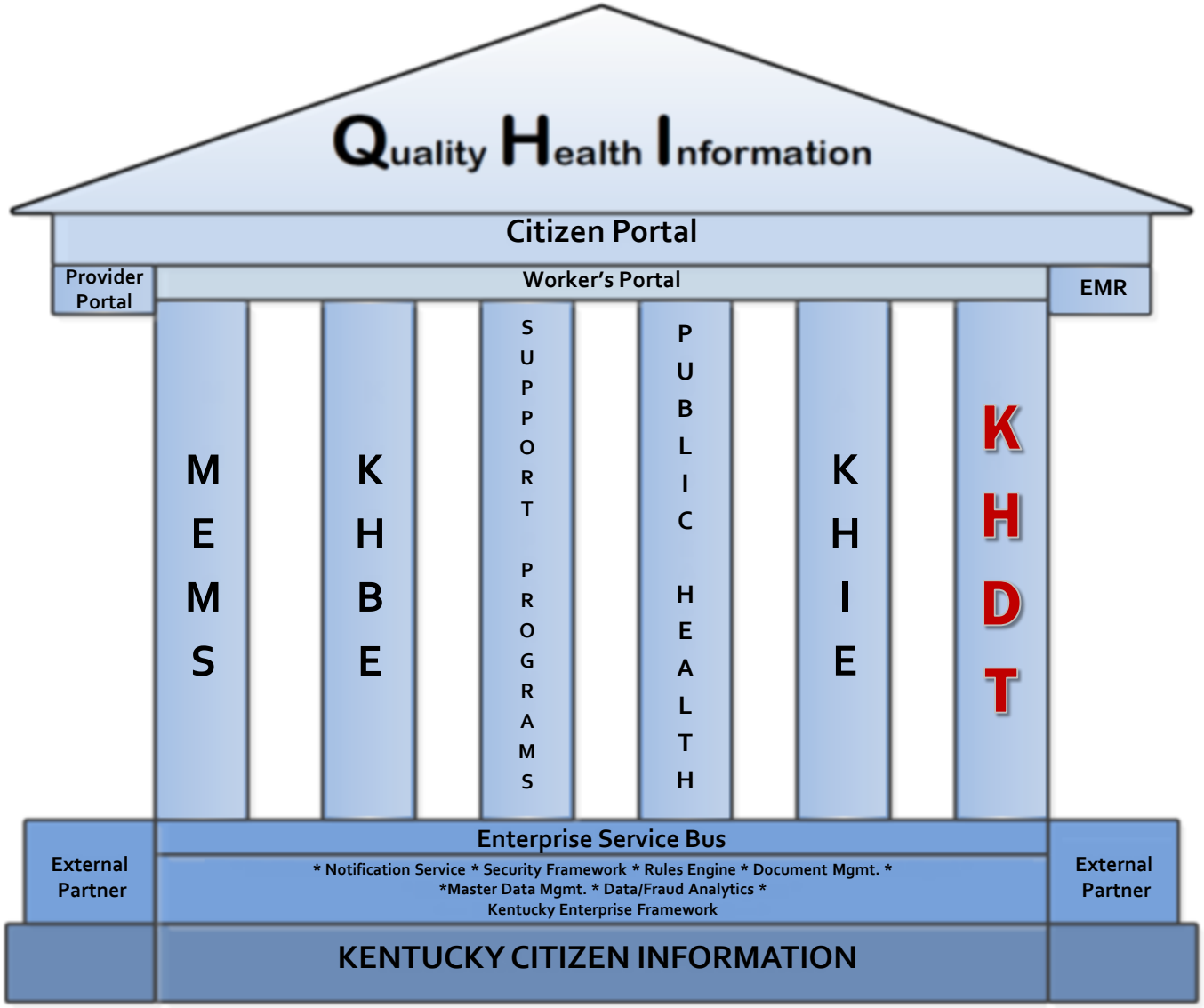


Kentucky CHFS' Vision:

Be Data Driven AND Achieve Real Measurable Outcomes



Secretary Burwell
Interoperability & Stage 3 Meaningful Use

"The flow of information is fundamental to achieving a health system that delivers better care, smarter spending, and healthier people. The steps we are taking today will help to create more transparency on cost and quality information, bring electronic health information to inform care and decision making, and support population health."

HHS Secretary Sylvia M. Burwell

KHIE
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Why Build HIEs?

The increased availability of health information via HIE:

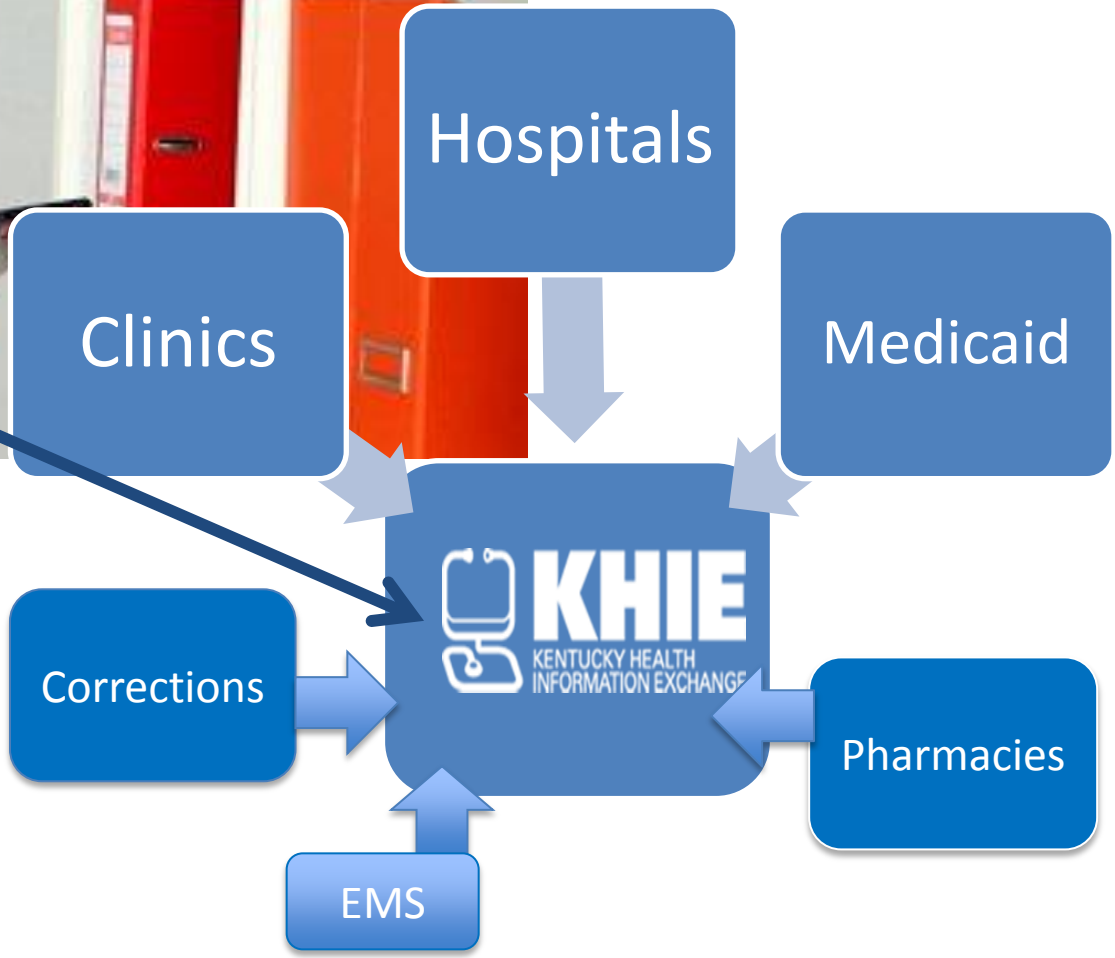
- Provides a building block for improved patient care, quality and safety
- Makes relevant information available when needed at the point of care
- Provides the means to reduce duplicative services
- Improves healthcare delivery in the US
- Promotes transparency
- **Provides the backbone technical infrastructure for state level HIT initiatives**

eHealth Milestones
Kentucky

History	**2005**	**eHealth Board**
	2007-2008	**MTG Funding $4.9 m**
	2009	**ARRA/HITECH Funding**
	2010	**$9.75 m**
		First Hospital LIVE
	2011	**Interface with KY IR**
	2012	**Interface with KCR**
		Interface with BHealth
	2013	**First 100 providers LIVE**
	2014	**Over 1,000 providers LIVE**
	2015	**Upgrade to IHE Platform**

Health Data Exchange:
'Community Record'

- Patient Demographics
- LAB Results
- Radiology Reports
- Transcribed Reports
- Summary of Care Records



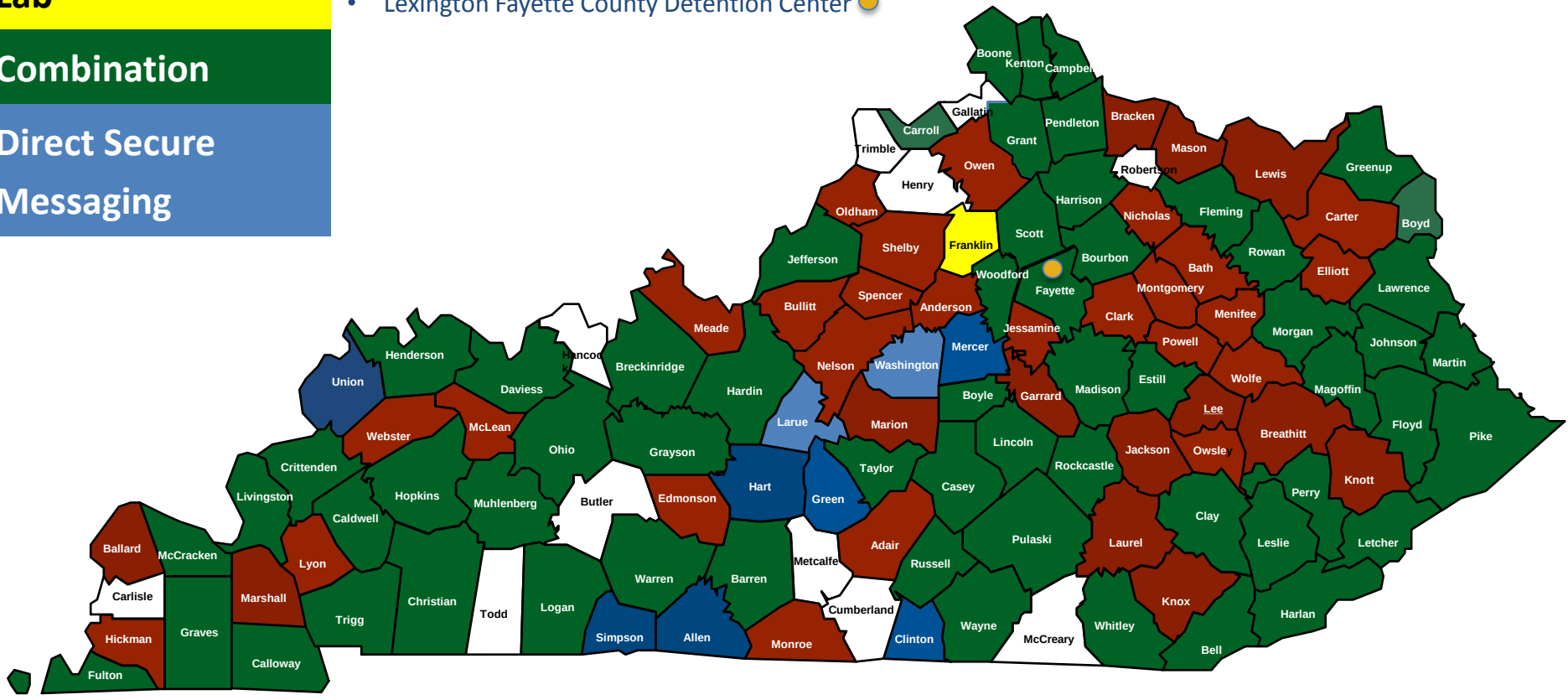
Live Connections

1045 Points of Care

- Hospital
- Physician
- Lab
- Combination
- Direct Secure Messaging

Others:

- State Lab (Microbiology) (Franklin)
- Pennyroyal Behavioral Health Centers
- Lexington Fayette County Detention Center



Hospital Connections

Acute with Signed Agreement

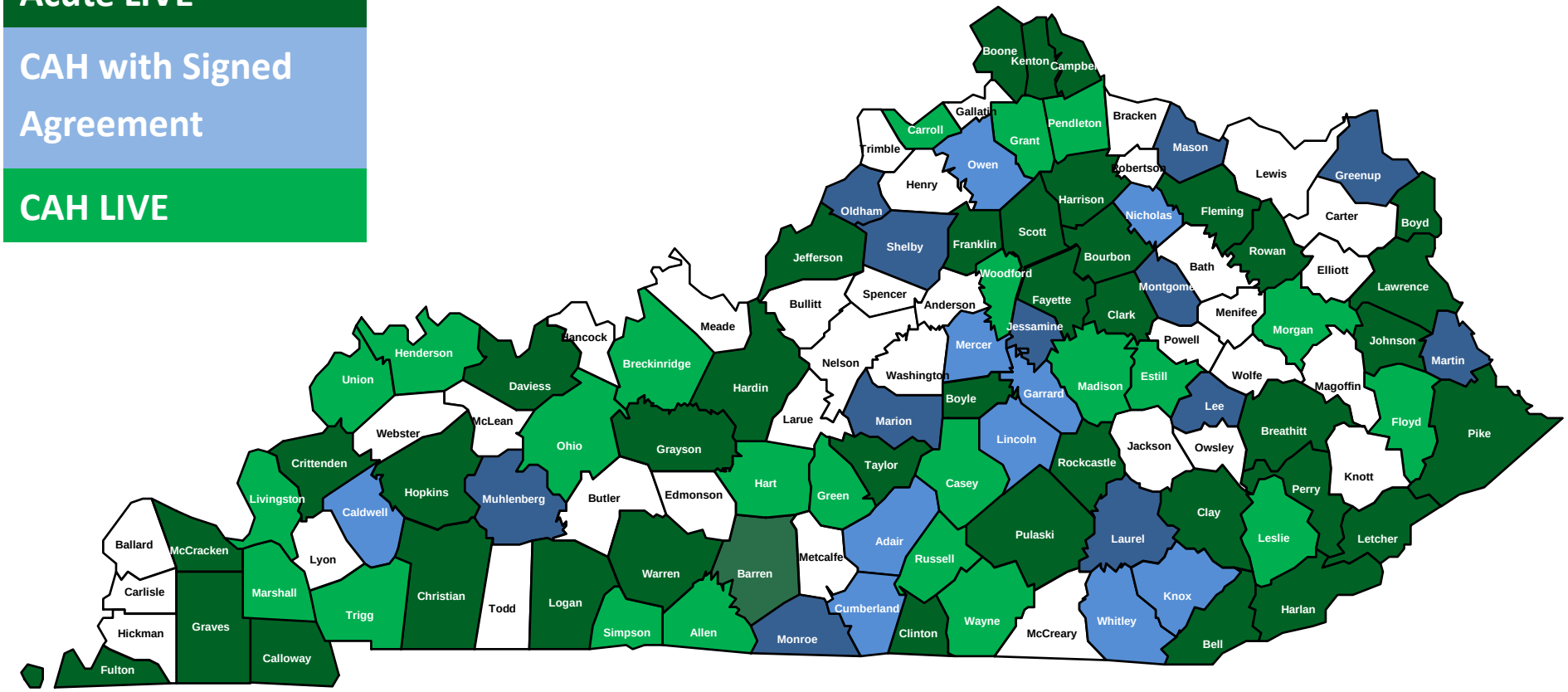
Acute LIVE

CAH with Signed Agreement

CAH LIVE

91 Hospitals Live

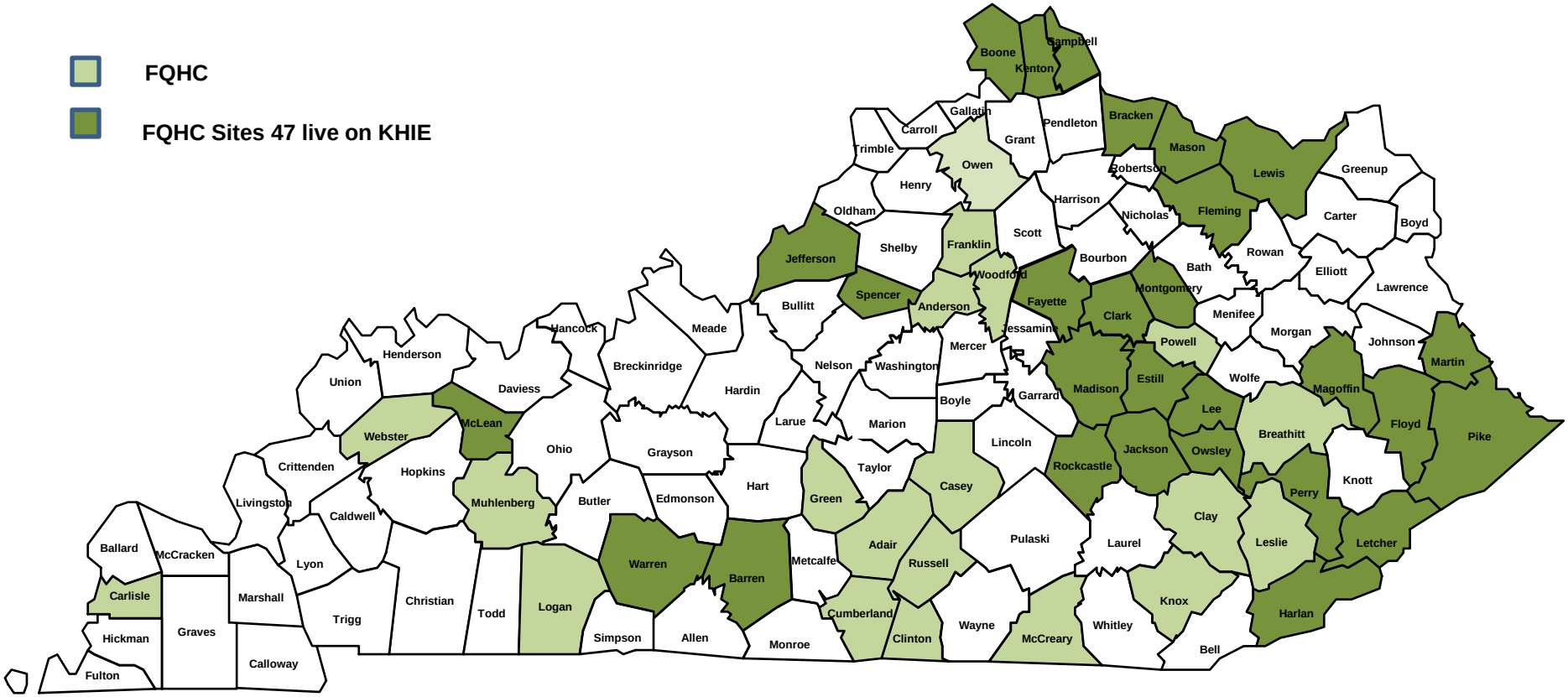
(26 CAH/65 Acute)



Federally Qualified Health Centers
FQHC's by County

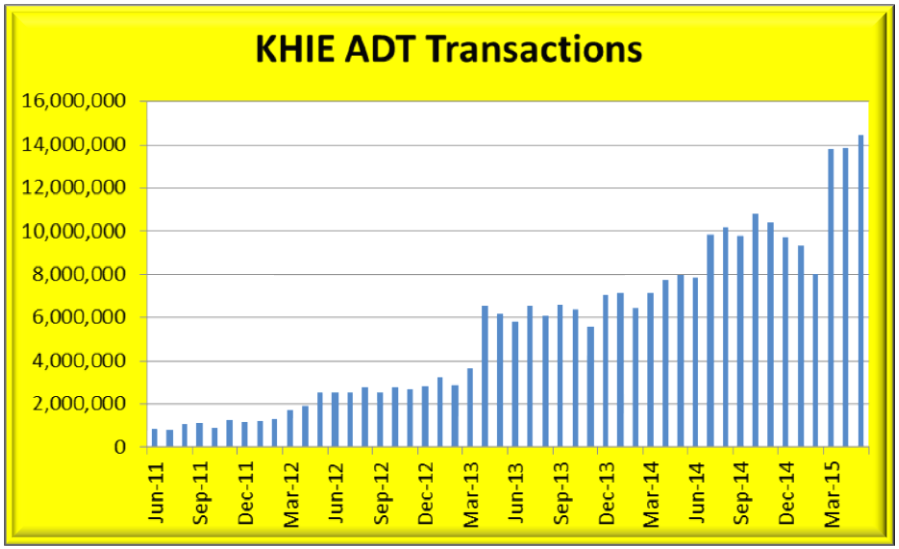
23 Signed PA's - Representing 82 Locations

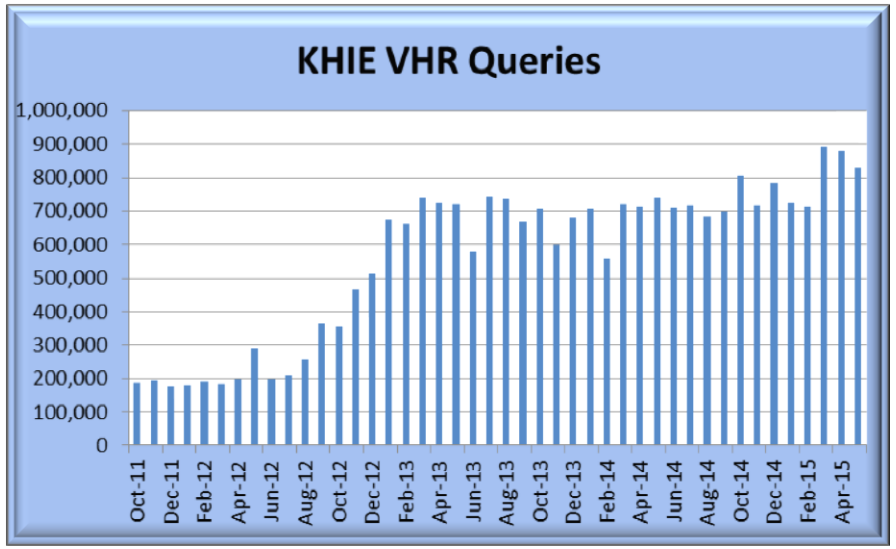
Updated 6/17/2015

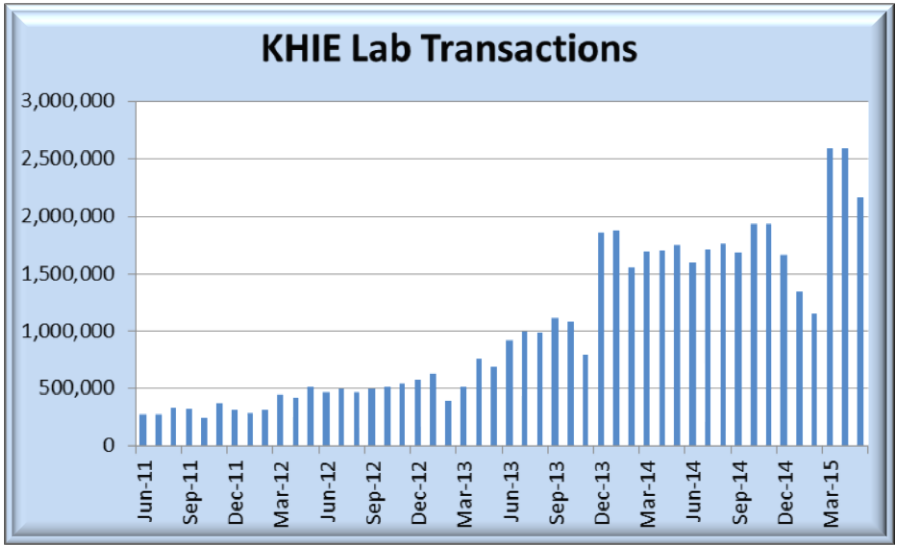


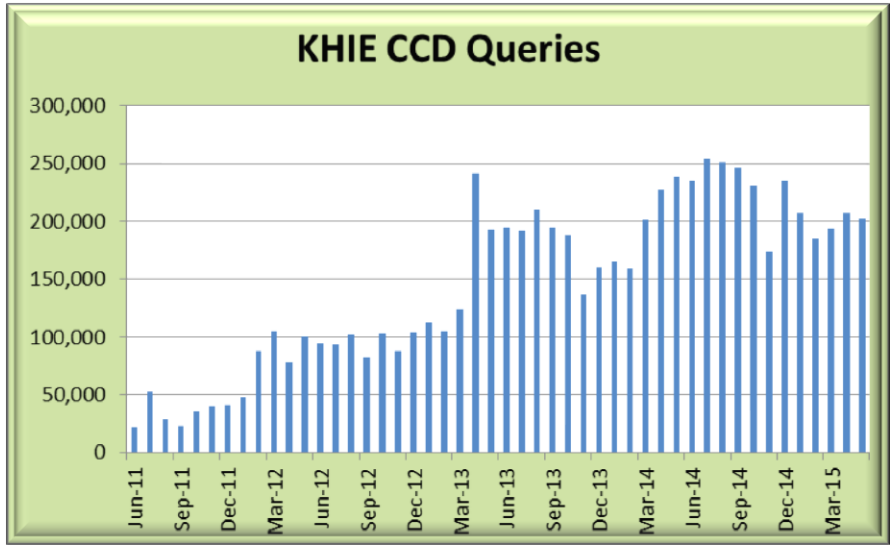
KHIE Data/Network Traffic

As of 6/11/15

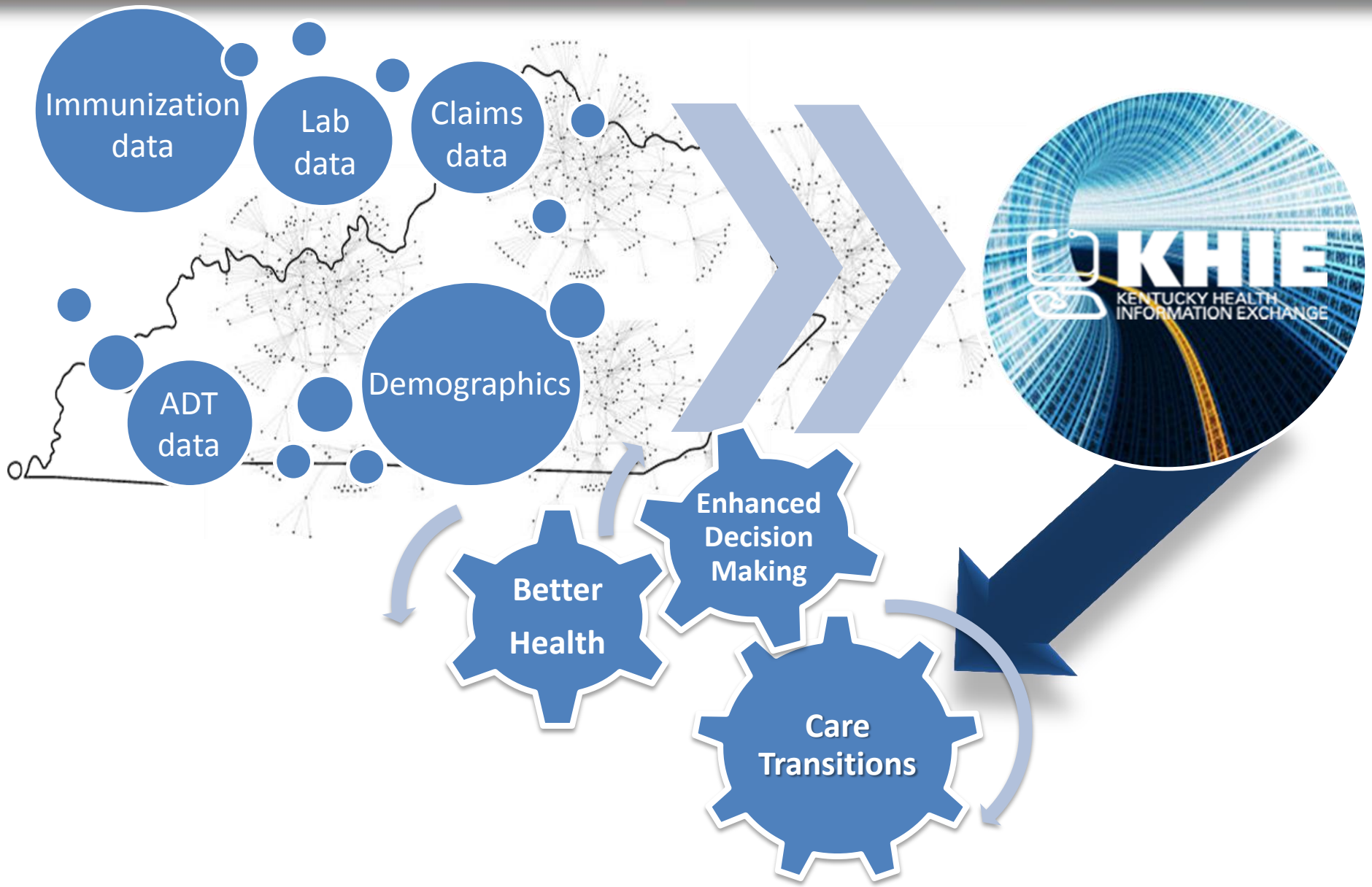








Statewide Super Information Highway

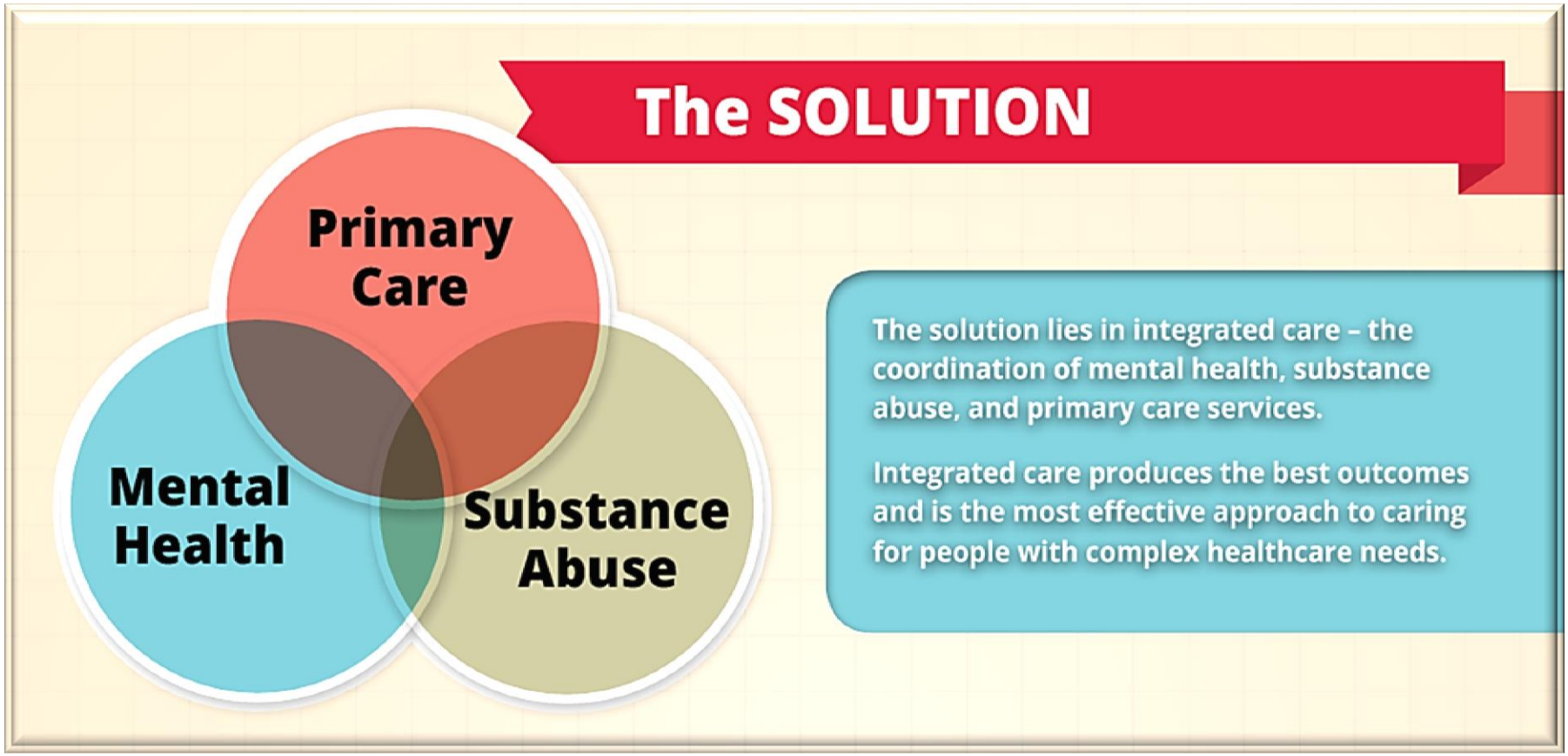


Health Information Exchange:
Use Cases

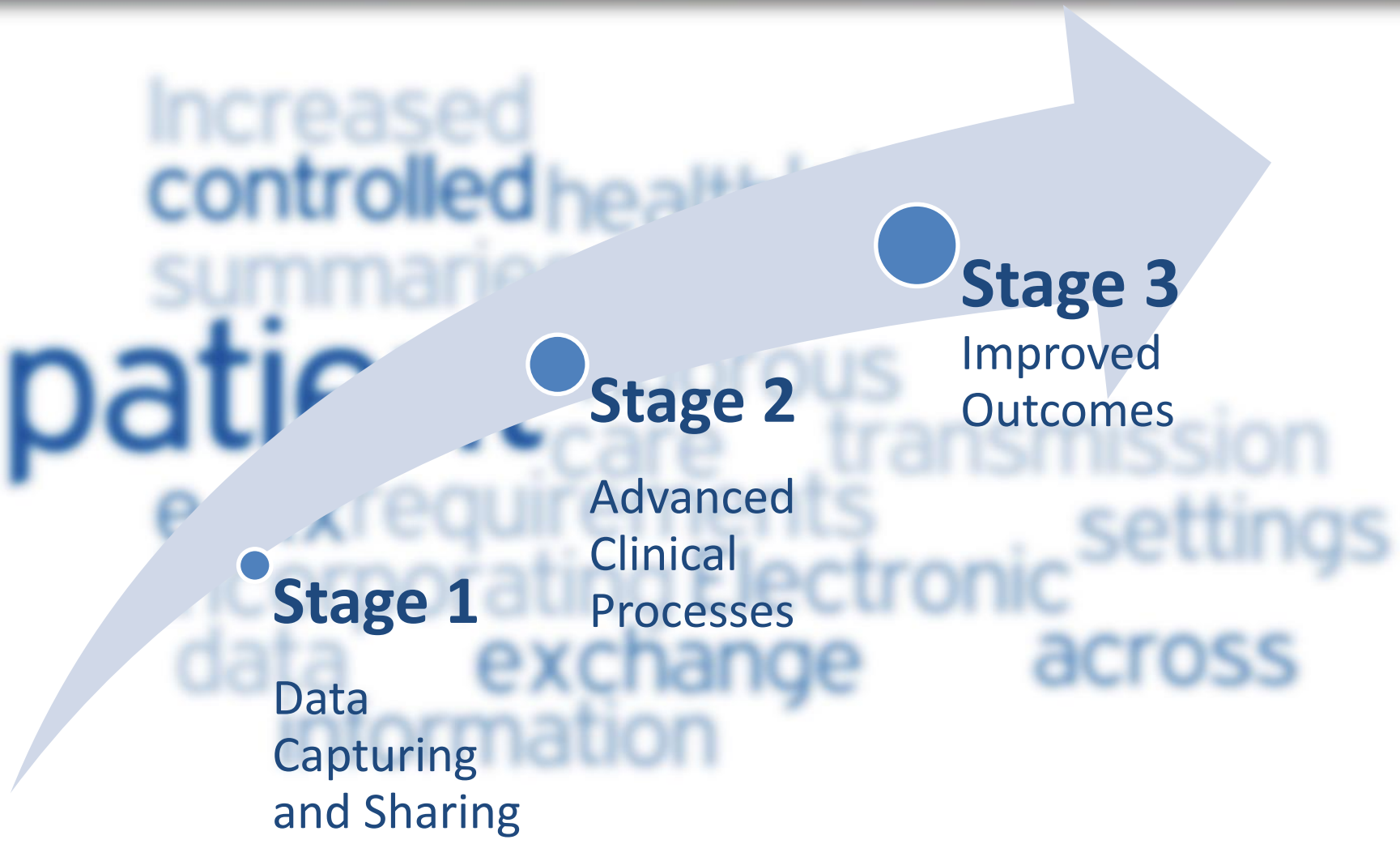
HIE
Use Cases

Data Intermediary & Delivery	Public Health Reporting/MU
Care Coordination & Transitions	PCMH/ACO Integrated Health Model
Event Notification/Alerts	KY ER Smart Corrections
Quality/Data Analytics	KY Health Data Trust PCMH/ACO
Disaster/Emergency Management	Public Health Emergency Operations
Infection Control & Prevention	Present on Admission HAI/HAC

Integrated Health Model



Meaningful Use, KHIE & Public Health



Kentucky Public Health Reporting

BioSense
Syndromic
Surveillance

Kentucky Public Health

Immunization Registry
NEDSS
(Electronic Lab Reporting)

KHIE
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Cancer Registry

UK
UNIVERSITY OF
KENTUCKY

EHR

902 KAR 2:020

NEW KY Legislation for electronic laboratory reporting:

- Increases the requirements for reporting with flexibility to add in the future
- Requires all electronic reporting through KHIE
- Requires a full ADT and Lab Feed

eCQMs:
KY Medicaid EHR Incentive Program

Eligible Providers EHR System

1	Emergency Department Throughput – admitted patients Median time from ED ED departure for admitted patients (NQF #0495)
2	Emergency Department Throughput – admitted patients Admission decision departure time for admitted patients (NQF #0497)
3	Ischemic stroke – Discharge on anti-thrombotic (NQF #0435)
4	Ischemic stroke – Anticoagulation for A-fib/flutter (NQF #0436)
5	Ischemic stroke – Thrombolytic therapy for patients arriving within 2 hours
6	Ischemic or hemorrhagic stroke – Antithrombotic therapy by day 2 (NQF #043
7	Ischemic stroke – Discharge on statins (NQF #0439)
8	Ischemic or hemorrhagic stroke – Stroke education (NQF #0440)
9	Ischemic or hemorrhagic stroke – Rehabilitation assessment (NQF #0441)
10	VTE prophylaxis within 24 hours of arrival (NQF #0371)
11	Intensive Care Unit VTE prophylaxis (NQF #0372)
12	Anticoagulation overlap therapy (NQF #0373)
13	Platelet monitoring on unfractionated heparin (NQF #0374)
14	VTE discharge instructions (NQF #0375)

Sample CQMs

Aggregate-Level Data:
QRDA Category III

KHIE
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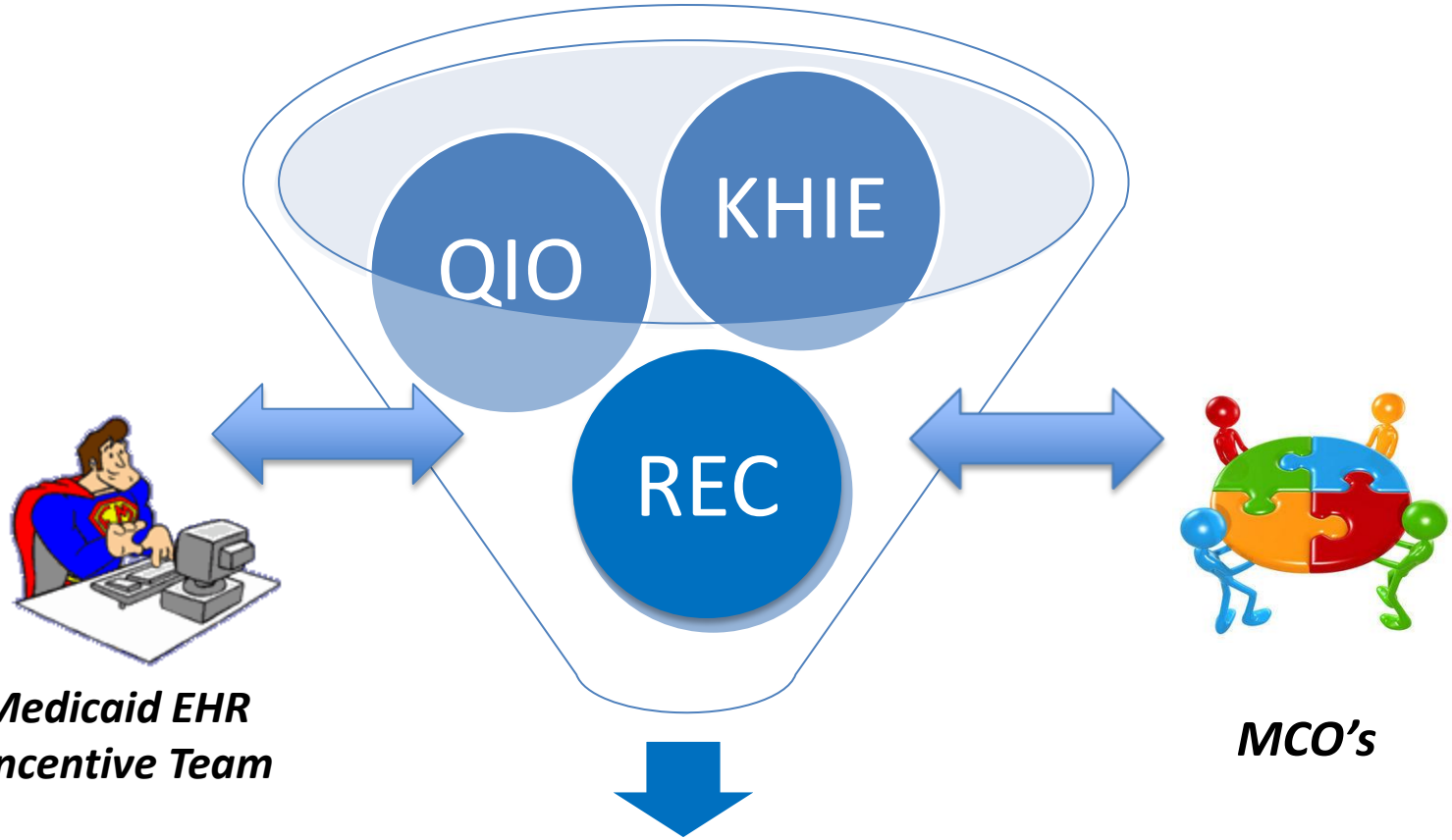
KY Medicaid eCQM Warehouse

Domains:
Patient and Family Engagement
Clinical Process & Effectiveness
Patient Safety
Effective Use of Healthcare Resources
Population and Public Health
Care Coordination

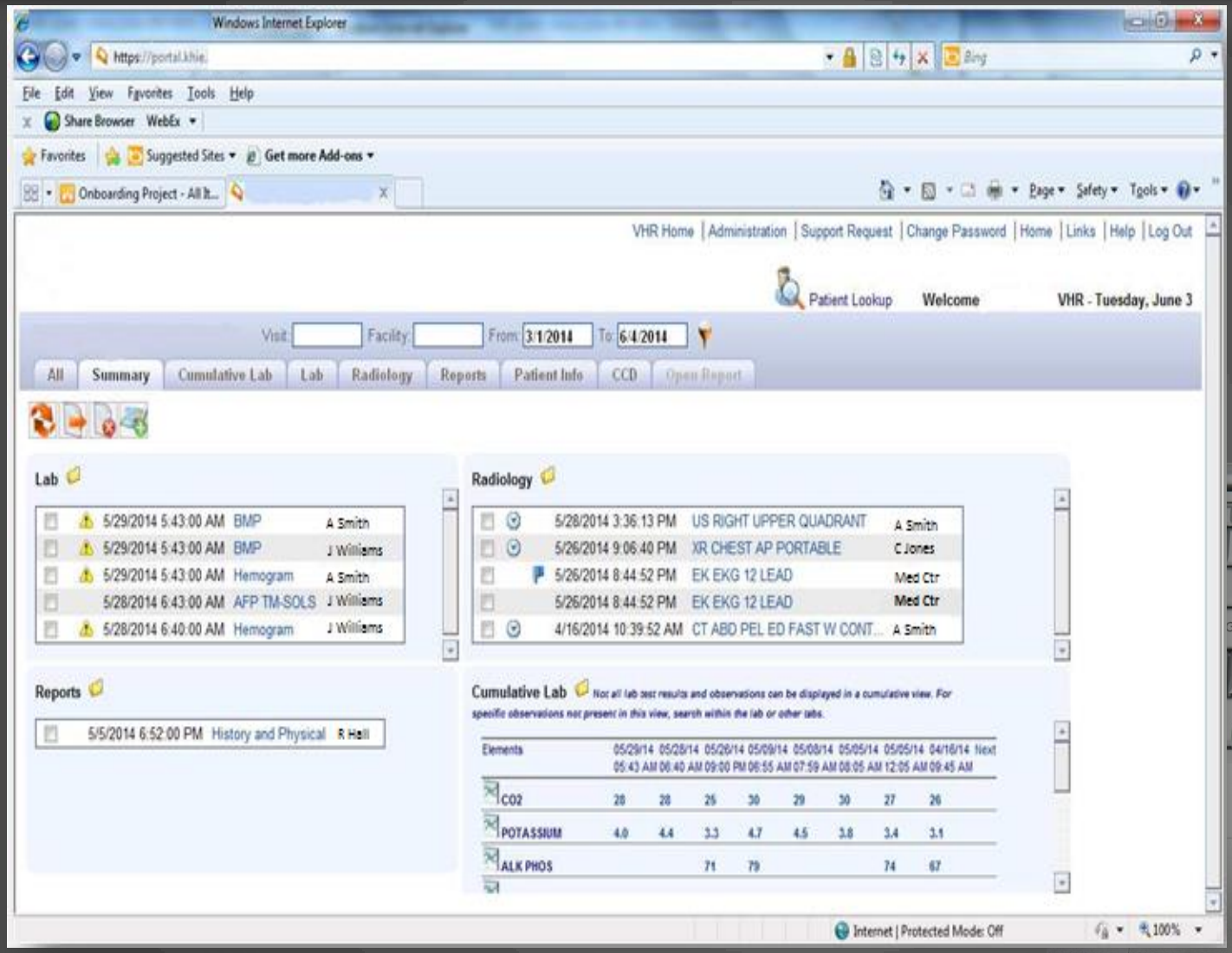
Outcomes

Data Analytics
Population Health Management
Retained Healthcare Costs
Coordinated Care
Improved Patient Health
Improved Outcomes
Alignment of State and Federal Quality Reporting

Key Collaborations & Policy Levers



KHIE Community Health Record



Community Health Record Summary Page

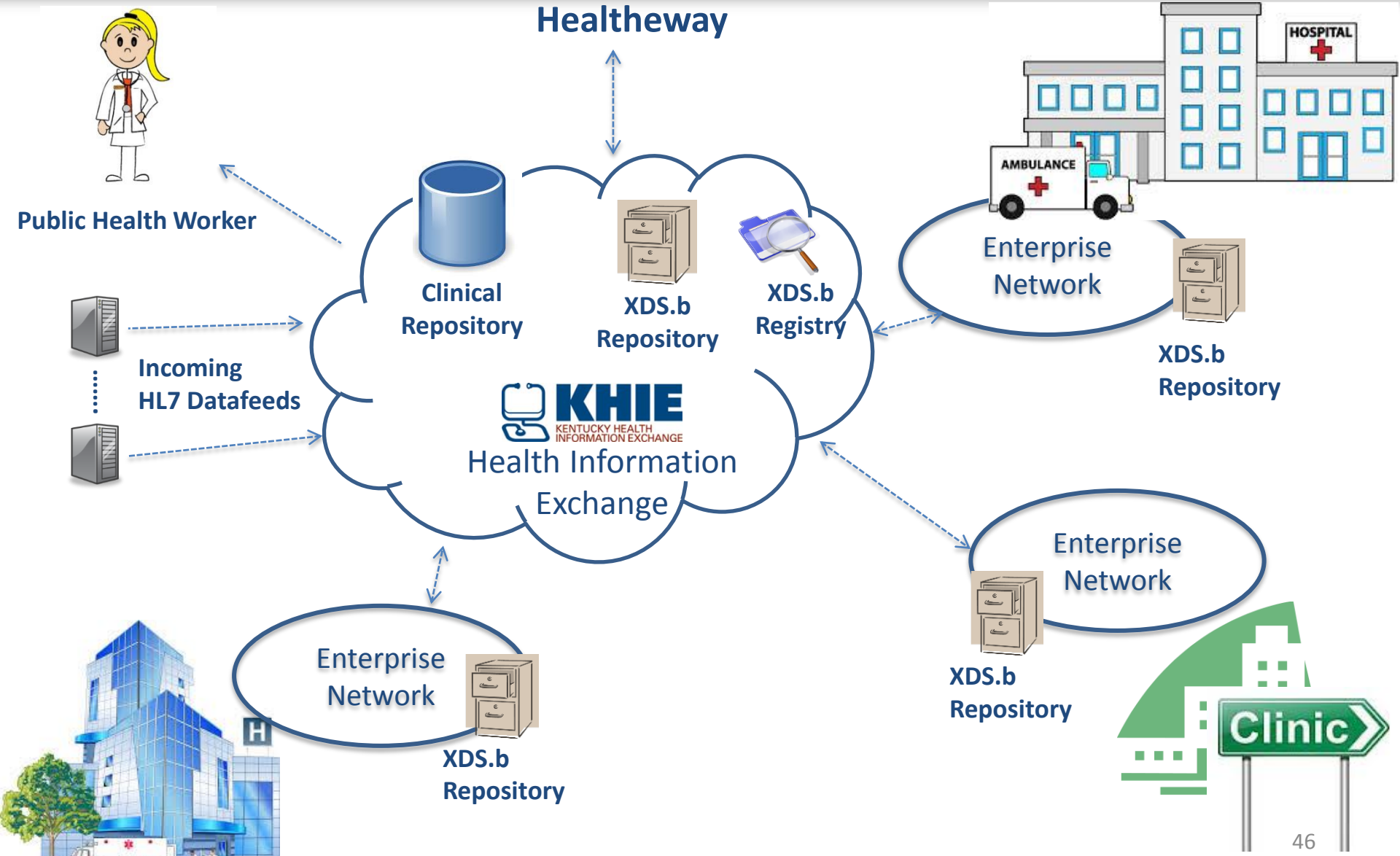
Improving Care Coordination:
How KHIE Can Help

Provider views the CCD in the KHIE Community Record

Super-Utilizer Patients are identified via Medicaid claims and Alert presents in CCD

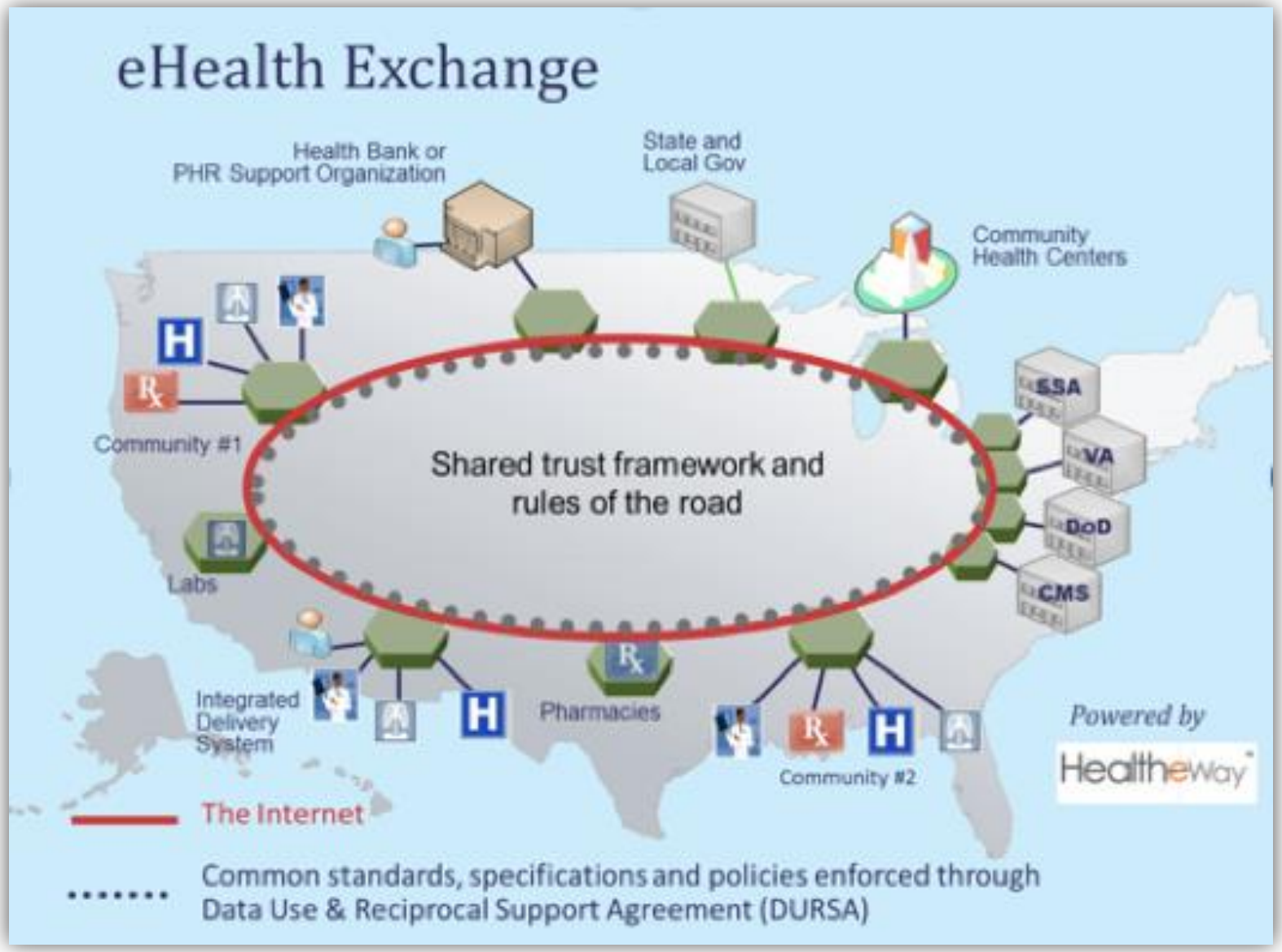
Clinical Alert Notification
Diabetes: no eye exam in the last 365 days
Diabetes: no lipid panel in the last 365 days
Diabetes: no urine protein screening in the last 365 days
Diabetes HgA1C check due
Blood pressure check due
Cholesterol screening due IF 'At Risk'
Developmental/Behavioral assessment due
Height and weight check due
Injury prevention counseling due
Nutrition counseling due
Objective hearing screening due
Objective vision screening due
Potential Hep B catch-up
Potential MMR catch-up
Potential polio catch-up
Potential varicella catch-up
Tuberculin Test (TB test) due IF 'At Risk'
Violence prevention counseling due

Query Exchange & Alerts

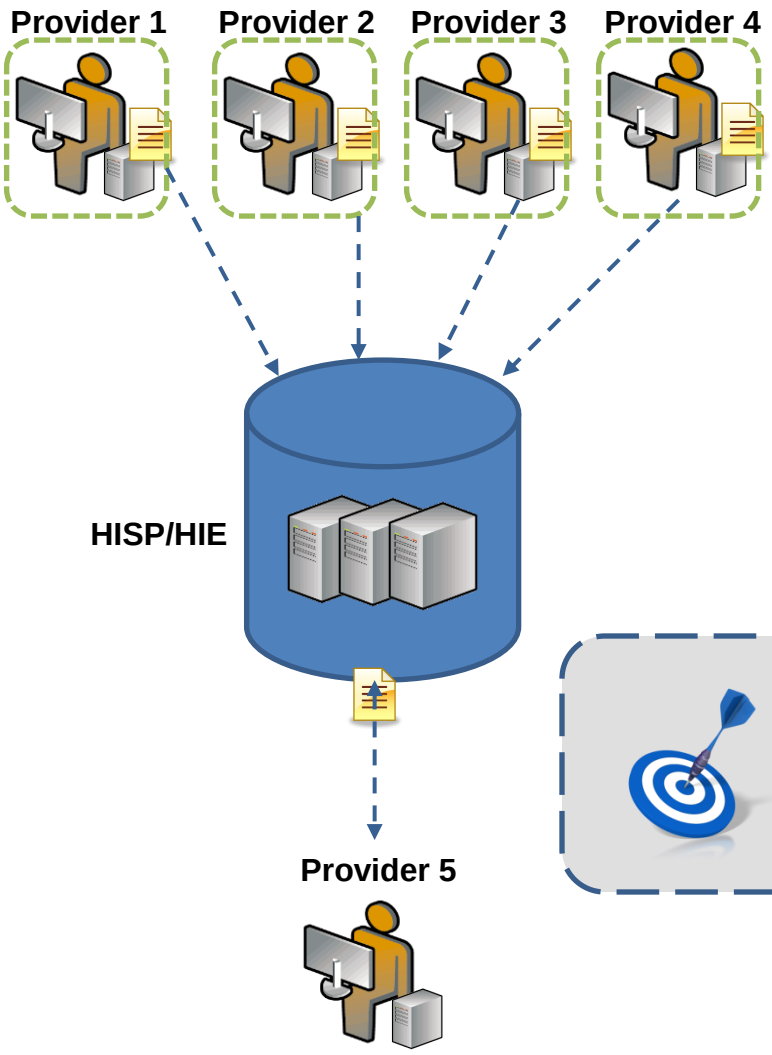


KHIE
KENTUCKY HEALTH INFORMATION EXCHANGE

eHealth Exchange



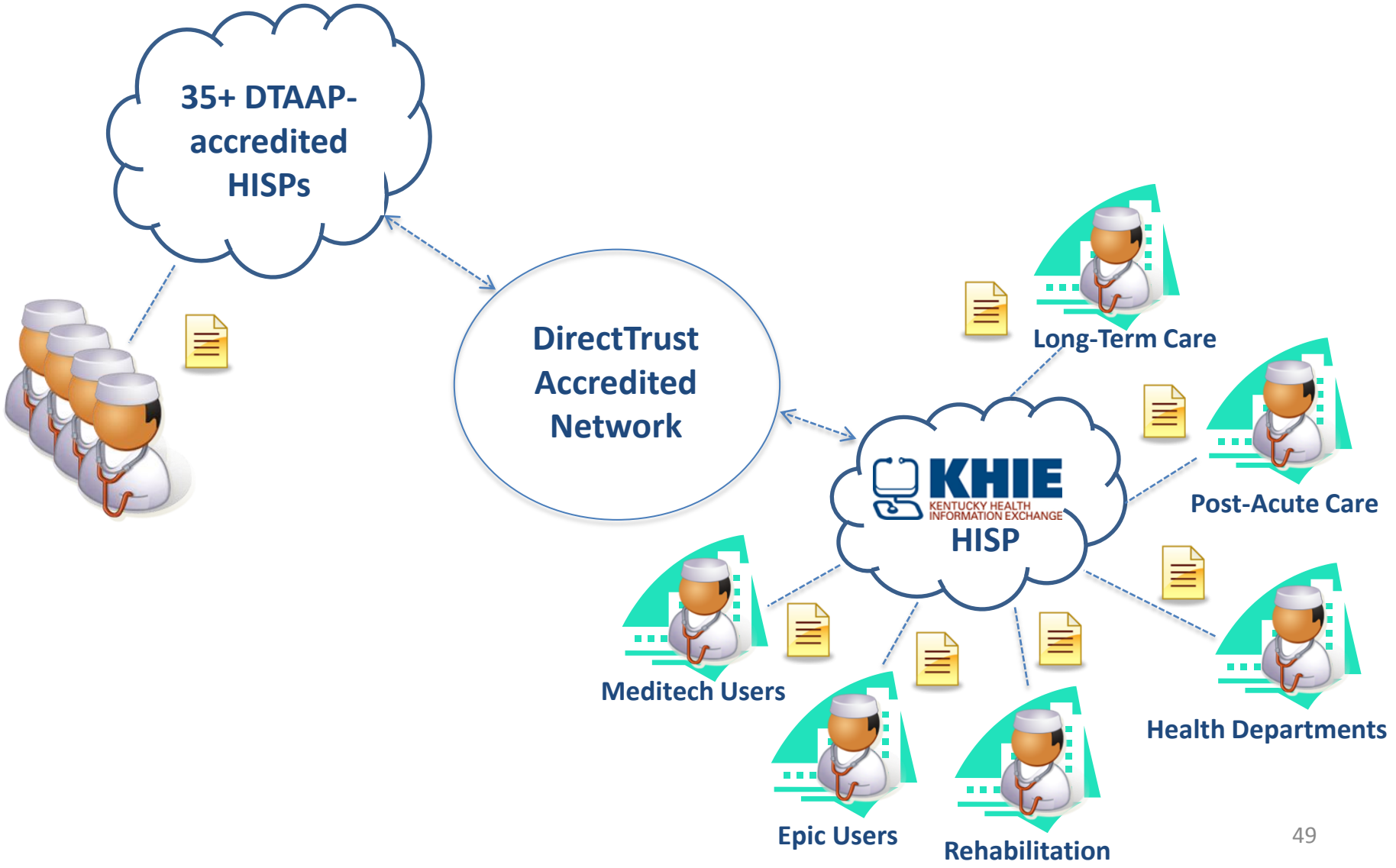
ToC Using The Query Method: Stage 2 MU



Providers #1-4 (1) have CEHRT, and (2) use the CEHRT's transport capability (Direct or SOAP) to send a CCDA to the HIE that enables the CCDA they've sent the HIE to be subsequently pulled by Provider #5 (with reasonable certainty).

In this scenario, the HIE does not have to be certified.

Direct (Point-to-Point) Network



KHIE
KENTUCKY HEALTH INFORMATION EXCHANGE

Questions???